

105

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
County.....		BUREAU OF VITAL STATISTICS	
District.....		State Index No. <u>36</u>	
Town.....		County Registered No. <u>62</u>	
Or City.....		Local Registrar's No. <u>57</u>	
ORIGINAL CERTIFICATE OF DEATH			
No.			
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Mary Kennedy</u>			
PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>F</u>	Color or Race White Indian Black Chinese Mexican	SINGLE MARRIED <u>Widow</u> WIDOWED OR DIVORCED	
DATE OF BIRTH <u>Oct 31 1886</u>			
AGE <u>81</u> yrs. <u>+</u> mos. <u>21</u> days hrs., or min.			
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed or (employer)			
BIRTHPLACE (State or country) <u>Carenton, Virginia</u>			
PARENTS	NAME OF FATHER <u>K. Gollan</u>		
	BIRTHPLACE OF FATHER (State or country) <u>Stelland</u>		
	MAIDEN NAME OF MOTHER <u>McDonald</u>		
	BIRTHPLACE OF MOTHER (State or country) <u>Scotland</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant) <u>J. Kennedy</u>			
(Address) <u>La Jolla, Calif</u>			
PLACE OF BURIAL OR REMOVAL <u>Kineadine</u>		DATE OF BURIAL OR REMOVAL <u>19</u>	
UNDERTAKER		ADDRESS	
MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH <u>Nov 21 1917</u>			
I hereby certify, that I attended deceased from <u>Nov 21</u> 1917 to <u>Nov 21</u> 1917; that I last saw h. <u>er</u> alive on <u>Nov 21</u> 1917, and that death occurred on the date stated above at <u>6:30 PM</u> . The DISEASE or INJURY causing Death was as follows: <u>Senility</u>			
(Duration) <u>6</u> yrs. <u>6</u> mos. <u>—</u> days			
Was disease contracted in Arizona? <u>yes</u>			
If not, where? <u>—</u>			
CONTRIBUTORY (Duration) <u>—</u> yrs. <u>—</u> mos. <u>—</u> days			
(Signed) <u>A. J. Warner</u>			
Nov 22 1917 (Address) <u>La Jolla, Calif</u>			
*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
LENGTH OF RESIDENCE			
At place of death <u>—</u> yrs. <u>—</u> mos. <u>—</u> ds. In Arizona <u>—</u> yrs. <u>—</u> mos. <u>—</u> ds.			
Former or Usual Residence			
Filed <u>11/30-1917</u> <u>W. W. Thayer</u>			
Filed <u>12/7 1917</u> <u>J. M. Stratton</u>			
Local Registrar			
County Registrar			